MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

27168

1. PLACE OF DEATH

County: Newton — Registration District No. 615

Township: Marion — Primary Registration District No. 5817

City: ~~Diamond~~ (No. ..... St. ..... Ward)

File No. .....

Registered No. 12

2. FULL NAME Arthur Andrew Spears

(a) Residence, No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

SEP 26 1933

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): married

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF: Helen H. Spears

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 10 - 1852

7. AGE — Years: 81 — Months: 2 — Days: 28 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: .....

10. Date deceased last worked at this occupation (month and year): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Newton Co. Mo. Missouri

FATHER

13. NAME: Spears

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER

15. MAIDEN NAME: Lucinda Williams

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Springfield Mo.

17. INFORMANT (ADDRESS): Grace Spears Kans. City Mo

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Diamond Mo. DATE: Aug 10, 1933

19. UNDERTAKER (ADDRESS): Brookshire-Bigham Diamond Mo

20. FILED: Aug 10, 1933. U. S. Chapman, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1, 1933, to Aug 8, 1933

I last saw him alive on Aug 4, 1933. Death is said to have occurred on the date stated above, at 12 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris.	
C.A.R.D.	

Other contributory causes of importance:

Name of operation: None. Date of .....

What test confirmed diagnosis? None. Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury: None.

Nature of injury: .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) R. T. Cheatham, M. D.

(Address) Diamond Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD